SECTION 1
MEDICAID PROGRAM RESOURCES
Informational Resources available at www.dss.mo.gov/dms

CONTACTING MEDICAID

PROVIDER COMMUNICATIONS

The following phone numbers are available for Medicaid providers to call the Provider Communications Unit with provider inquiries, concerns or questions regarding proper claim filing, claims resolution and disposition, and recipient eligibility questions and verification. The toll free line provides an interactive voice response system that can answer questions regarding matters including recipient eligibility, last two check amounts, claim status and procedure code status. Providers must use a touchtone phone to access the system.

Provider Communications	800/392-0938
Interactive Voice Response (IVR)	800/392-0938
Standard Line	573/751-2896

The Provider Communications Unit also processes written inquires. Written inquiries should be sent to:

Provider Communications Unit
Division of Medical Services
PO Box 6500
Jefferson City, Missouri 65102

INFOCROSSING HEALTHCARE SERVICES, INC. HELP DESK
573/635-3559
Call this number for assistance in establishing the required electronic claims and remittance advice formats, network communication, HIPAA trading partner agreements and assistance with the Infocrossing Healthcare Services' Internet billing service.

PROVIDER ENROLLMENT
Providers can contact Provider Enrollment via email as follows for questions regarding enrollment applications: providerenrollment@mail.medicaid.state.mo.us

Changes regarding address, ownership, tax identification number, name (provider or practice), or Medicare number must be submitted in writing to:

Provider Enrollment Unit
Division of Medical Services
PO Box 6500
Jefferson City, Missouri 65102

THIRD PARTY LIABILITY
573/751-2005
Call the Third Party Liability Unit to report injuries sustained by Medicaid recipients, problems obtaining a response from an insurance carrier, or unusual situations concerning third party insurance coverage for a Medicaid recipient.

PROVIDER EDUCATION
573/751-6683
Provider Education Unit staff are available to educate providers and other groups on proper billing methods and procedures for Medicaid claims. Contact the Unit for training information and scheduling.

RECIPIENT SERVICES
800/392-2161 or 573/751-6527
The Recipient Services Unit assists recipients regarding access to providers, eligibility, covered and non-covered services and unpaid medical bills.

MEDICAID EXCEPTIONS AND DRUG PRIOR AUTHORIZATION HOTLINE
800/392-8030
Providers can call this toll free number to initiate an emergency request for an essential medical service or an item of equipment that would not normally be covered under the Medicaid program, or to request a drug prior authorization. The Medicaid exceptions fax line for non-emergency requests only is 573/751-2439.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) INFORMATION

Billing providers who want to exchange electronic information transactions with Missouri Medicaid can access the *HIPAA Companion Guide* online by going to the Division of Medical Services web page at www.dss.mo.gov/dms and clicking on the HIPAA Companion Guide link in the Quick Link box at the top of the page.

To access the *X12N Version 4010A1 Companion Guide*: 1) select Missouri Medicaid Electronic Billing Layout Manuals; 2) select System Manuals; 3) select Electronic Claims Layout Manuals; and, 4) select X12N Version 4010A1 Companion Guide.

For information on the Missouri Medicaid Trading Partner Agreement: 1) select Section 1 - Getting Started; and, 2) select Trading Partner Registration.

All questions concerning the Trading Partner Agreement or provider testing schedules are to be directed to the Infocrossing Healthcare Services, Inc., 573-635-3559.

INTERACTIVE VOICE RESPONSE (IVR)
800/392-0938

The Provider Communications Unit toll-free number, 800/392-0938 is answered by an Interactive Voice Response (IVR) unit which requires a touchtone phone. The nine digit Medicaid provider number **must** be entered each time any of the IVR options are accessed. Callers are limited to ten inquiries per call on any of the options. Providers whose numbers are inactive may utilize the IVR only for dates of service during their active status.

Option 1   <u>Recipient Eligibility</u>
Recipient eligibility **must** be verified **each** time a recipient presents and should be verified **prior** to the service. Eligibility information can be obtained by a recipient's Medicaid number (DCN), social security number and date of birth, or if a newborn, using the mother's Medicaid number and the baby's date of birth. Callers cannot inquire on dates that exceed one year prior to the current date.   Callers will be given a confirmation number and this number should be kept as proof of the information received.

Option 2   <u>Last Two Check Amounts</u>
Using this option, the caller will be given the last two Remittance Advice (RA) dates, RA numbers, and check amounts.

Option 3   <u>Claim Status</u>
After entering the recipient's Medicaid number (DCN) and the date of service, the caller will be provided the status of the most current claim in the system containing the date of service entered. The caller will be told whether the claim is paid, denied, approved to pay or is being processed. In addition, the system will give the amount paid, the RA date and the Internal Control Number (ICN).

Option 4   Not currently in use.

Option 5   <u>Medicaid Information Messages</u>
The caller will be given the option to select from several recorded messages providing the latest information regarding the Medicaid program.

Option 6   <u>Prior Authorization</u>
This option allows pharmacy providers to verify the status of a prior authorization for an NDC (National Drug Code).

INTERNET SERVICES FOR MEDICAID PROVIDERS

The Division of Medical Services (DMS), in cooperation with Infocrossing Healthcare Services, has an Internet service for Missouri Medicaid providers. Missouri Medicaid providers have the ability to:

- Submit claims and receive claim confirmation files;
- Verify recipient eligibility;
- Obtain remittance advices (RAs);
- Submit Adjustments;
- Submit attachments; and
- View and download public files.

The web site address for this service is www.emomed.com. Without proper authorization, providers are unable to access the site. Only providers who are approved to be electronic billers can enroll and utilize the web site services. To participate in the service, the provider must apply on-line at http://www.medicaid.state.mo.us/Application.html. Each user is required to complete this on-line application in order to obtain a user ID and password. The application process only takes a few minutes and provides the applicant with a real-time confirmation response, user ID and password. Once the user ID and password have been received, the user can begin using the www.emomed.com website. The password can be changed to one of the user's own choice.

Questions regarding the completion of the on-line Internet application should be directed to the Infocrossing Healthcare Services Help Desk, (573) 635-3559.

An authorization is required for each individual person within a provider's office or a billing service who will be accessing the Internet site.

This website, www.emomed.com, allows for the submission of the following HIPAA compliant transactions:

837 Institutional Claims	Batched or Individual
837 Professional Claims	Batched or Individual
837 Dental Claims	Batched or Individual
270 Eligibility Inquiry	Batched or Individual
276 Claim Status Inquiry	Batched or Individual

The following standard responses are generated:

835 Remittance Advice	Batch or Printable RA
271 Eligibility Response	Batch or Individual
277 Claim Status Response	Batch or Individual

Users also have access to provider check amounts and the Claims Processing Schedule for the current fiscal year.

There is no cost for this service except for the cost of an Internet service provider access to the Internet. Additionally, there are no special software requirements. However, the user (provider) must have the proper web browser. The provider must have one of the following web browsers: Internet Explorer 5.0 or higher or Netscape 4.7 or higher. The Internet site is available 24 hours a day, 7 days a week with the exception of being down for scheduled maintenance.

VERIFYING RECIPIENT ELIGIBILITY THROUGH THE INTERNET
Providers can access Missouri Medicaid recipient eligibility files via the web site. Functions include eligibility verification by recipient ID, casehead ID and child's date of birth, or Social Security number and date of birth. Eligibility verification can be performed on an individual basis or in a batch file. Individual eligibility verification occurs in real-time basis similar to the Interactive Voice Response System, which means a response is returned immediately. Batch eligibility verifications are returned to the user within 24 hours.

A batch eligibility confirmation file can either be downloaded for viewing purposes or to be printed.

MEDICAID CLAIMS SUBMISSION THROUGH THE INTERNET
The following claim types, as defined by HIPAA Transaction and Code Set regulations, can be used for Internet claim submissions:

> < 837 - Health Care Claim
>> Professional
>> Dental
>> Institutional (hospital inpatient and outpatient, nursing home, and home health care)
> < Pharmacy (NCPDP)

The field requirements and filing instructions are similar to those for paper claim submissions. For the provider's convenience, some of the claim input fields are set as indicators or accepted values in drop-down boxes. Providers have the option to input and submit claims individually or in a batch submission. A confirmation file is returned for each transmission.

A batch claim confirmation file can either be downloaded for viewing purposes or to be printed.

OBTAINING A REMITTANCE ADVICE THROUGH THE INTERNET
The Medicaid program phased out the mailing of paper Remittance Advices (RAs).
Providers no longer will receive both paper and electronic RAs. If the provider or the
provider's billing service currently receive an electronic RA, (either via the emomed.com
Internet website or other method), paper copies of the RA were discontinued as off the
July 20, 2004 financial cycle. All providers and billers must have Internet access to
obtain the printable electronic RA via Infocrossing Healthcare Services' Internet service,
emomed.com.

Receiving the Remittance Advice via the Internet is beneficial to the provider's or biller's
operation. With the new Internet RA, a user can:

- Retrieve the RA the Monday following the weekend claim processing cycle
  (two weeks sooner than receipt of the paper RA);
- Have access to RAs for 62 days (the equivalent of the last four cycles);
- View and print the RA from the desktop; and,
- Download the RA into the provider's or biller's operating system for
  retrieval at a later date.

The new Internet RA will be viewable and printable in a ready to use format. Just point
and click to print the RA or save it to the computer system for printing at the user's
convenience.

To sign up for this service, see the instructions at the beginning of this information on
Internet services. If a provider does not have access to the Internet, contact the
Infocrossing Healthcare Services' Help Desk, (573)635-3559, to learn how to obtain a
paper remittance.

ADJUSTMENTS THROUGH THE INTERNET
Providers have options on the Internet Medical, Dental, Inpatient, Outpatient and
Nursing Home claims for a "Frequency Code" that will allow either a 7 – Replacement
(Adjustment) or an 8 – Void (Credit). This will control an individual adjustment or void,
but not group adjustments or voids. Claim adjustments and credits can be submitted by
utilizing the CLM, field CLMO5-3, segment of the 837 Health Care Claim.

RECEIVE PUBLIC FILES THROUGH THE INTERNET
Several public files are available for viewing or downloading from the web site including
the claims processing schedule for the State fiscal year which begins July 1 and ends
June 30. Providers also have access to a listing of the Adjustment Reason Codes and
Remittance Advice Remark Codes.

MISSOURI MEDICAID PROVIDER MANUALS ON-LINE
www.dss.mo.gov/dms

How To Download/Print a Provider Manual
The following information assumes you are using a Microsoft Windows based operating system as your operating system. In order to be able to download and use all or a portion of an on-line Medicaid provider manual, you must have Adobe Acrobat Reader. If you already have this on your computer, you may disregard the first section and go directly to the sections detailing how to download and print the manuals.

NOTE: The provider manual information you download is current as of the time it is downloaded. Since periodic updates are made to the manuals, you must do a new download periodically so that your file will have the new or updated information.

    A. Accessing and downloading Adobe Acrobat Reader program .
        1. Open the DMS home page at www.dss.mo.gov/dms.
        2. Scroll down, click on and open the line/link titled "Missouri Medicaid Provider Manuals".
        3. In the newly opened page, scroll down and click on the yellow and red box at the bottom of the page titled "Get Acrobat Reader".
        4. Once you have opened the Adobe Acrobat page, follow the instructions to download the free Adobe Acrobat Reader program to your computer system. Generally, the program will be installed in the C:/programs folder although you can put it in any folder you want.
    B. Downloading and saving all or portions of a provider manual.
        1. Go to the DMS home page at www.dss.mo.gov/dms**.**
        2. Scroll down, click on and open the line/link titled "Missouri Medicaid Provider Manuals".
        3. A new page will open. Click on the link titled "Missouri Medicaid Provider Manuals".
        4. On the left side of the newly opened page, click on the "+" in front of the folder titled "Print A Manual" and click again on the subfolder. This opens a new frame in the upper right area of the screen titled "Print a Manual". In this frame scroll down to the provider manual you want to access and click on the manual to open to its contents page. Disregard the frame in the lower area of the page titled "Search Results".
        5. When the page opens, it will display a number of links from which you can choose the one you want. The links allow you to access either the complete manual or sections of the selected manual.

        For Internet Explorer Browser Users

For example, if you wish to download the entire physician's manual, place your pointer on the line/link titled "Complete Manual" and right click. A pop-up menu will appear. Click on the "Save Target As" button. Another pop window (Save As) will appear. Select where you want to save the file and its name. It can be saved either to a floppy disk or to a folder on the hard drive. If you rename the file, be sure to put the .pdf extension at the end of the new name. Click on the save button. The material then will be saved to the location/name you specified. Actual download time will vary depending on the file size of the information you want to download and the speed of your system's modem and your Internet service provider's system.

For Netscape Browser Users
For example, if you wish to download the entire physician's manual, place your pointer on the line/link titled "Complete Manual" and right click. A pop-up screen will appear. Click on "Save Link As". In the next pop-up window, select the drive/ folder where you want to save the date. You may rename file if you wish a name other than the name presented by the system. Add or change the file extension to .pdf (at the end of the file name), e.g. change phyman to phyman.pdf. Click save and the data will be saved to the location/name you specified. Actual download time will vary depending on the file size of the information you want to download and the speed of your system's modem and your Internet service provider's system.

Close the screens all the way back to the browser. Close the browser screen and return to your desktop.

C. Using Adobe Acrobat Reader to access the saved manual file.
   1. Open Acrobat Reader either using the desktop icon or the program file.
   2. Once the work screen is open, click on "File" in the taskbar.
   3. On the task screen, select and click on "Open".
   4. Select and highlight the drive location and name of your file. Acrobat Reader then will open your file.
   5. You now have the option of viewing or printing all or portions of the file.

D. Printing all or portions of an opened Acrobat Reader Document
   1. Click on "File" on the taskbar.
   2. On the task screen, select and click on "Print" or "Print Target".
   3. You have three options for printing from the file. All - prints the entire file Current Page - prints only the page you have selected/highlighted. Pages - gives you the option to print a specified range of consecutive pages.
   4. When the print command has been sent to the printer, select "File" on the taskbar and "Exit" in the task screen to exit the program and return to your desktop.

CLAIM AND ATTACHMENT MAILING ADDRESSES

Medicaid paper claims and attachments related to claims must be sent to the following address as indicated.

> Infocrossing Healthcare Services, Inc.
> P.O. Box (see below for correct PO box number)
> Jefferson City, MO 65102

P.O. Box 5100……. Inpatient Hospital Claims
P.O. Box 5200……. Outpatient Hospital Claims and RHC Claims
P.O. Box 5300……. Dental Claims
P.O. Box 5400……. Pharmacy Form Paper Claims
P.O. Box 5500……. Nursing Home Paper Claims
P.O. Box 5600……. DME, HCFA-1500, and Home Health Agency Claims
P.O. Box 5700……. Prior Authorization Requests
P.O. Box 5900……. Attachments forms including Second Surgical Opinion,
Acknowledgment of Receipt of Hysterectomy Information, SURS
Referral, Oxygen & Respiratory Equipment Medical Justification
and Certificate of Medical Necessity (DME providers only)

Infocrossing's physical address is: Infocrossing Healthcare Services, Inc.
                                           905 Weathered Rock Road
                                           Jefferson City, MO 65101

CLAIMS PROCESSING SCHEDULE
FOR STATE FISCAL YEAR 2005

Cycle Run/Remittance Date* -	Check Date -
Friday, June 18, 2004	Tuesday, July 6, 2004
Friday, July 9, 2004	Tuesday, July 20, 2004
Friday, July 23, 2004	Thursday, August 5, 2004
Friday, August 6, 2004	Friday, August 20, 2004
Friday, August 20, 2004	Tuesday, September 7, 2004
Friday, September 10, 2004	Monday, September 20, 2004
Friday, September 24, 2004	Tuesday, October 5, 2004
Friday, October 8, 2004	Wednesday, October 20, 2004
Friday, October 22, 2004	Friday, November 5, 2004
Friday, November 5, 2004	Monday, November 22, 2004
Friday, November 19, 2004	Monday, December 6, 2004
Friday, December 3, 2004	Monday, December 20, 2004
Friday, December 17, 2004	Wednesday, January 5, 2005
Friday, January 7, 2005	Thursday, January 20, 2005
Friday, January 21, 2005	Monday, February 7, 2005
Friday, February 4, 2005	Monday, February 21, 2005
Friday, February 18, 2005	Monday, March 7, 2005
Friday, March 11, 2005	Monday, March 21, 2005
Friday, March 25, 2005	Tuesday, April 5, 2005
Friday, April 8, 2005	Wednesday, April 20, 2005
Friday, April 22, 2005	Thursday, May 5, 2005
Friday, May 6, 2005	Friday, May 20, 2005
Friday, May 20, 2005	Monday, June 6, 2005
Friday, June 3, 2005	Monday, June 20, 2005

*The Cycle Run Dates are tentative dates calculated by the Division of Medical Services. The dates are subject to change without prior notification.

*All claims submitted electronically to Infocrossing Healthcare Services must be received by 5:00 p.m. of the Cycle Run/Remittance Advice date in order to pay on the corresponding check date.

Holidays For State Fiscal Year 2005

July 5, 2004 Independence Day	December 31, 2004 New Years Day
September 6, 2004 Labor Day	January 17, 2005 Martin Luther King Day
October 11, 2004 Columbus Day	February 11, 2005 Lincoln's Birthday
November 11, 2004 Veteran's Day	February 16, 2005 Washington's Birthday
November 25, 2004 Thanksgiving	May 9, 2005 Truman's Birthday
December 24, 2004 Christmas	May 30, 2005 Memorial Day